

# REQUIREMENTS AND INSTRUCTIONS FOR FILING - ACUPUNCTURE INTERN PERMIT

Access this form via website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl)

## APPLICATION FORM

Type or print legibly in black ink. Complete all items. Keep a copy for your own files. You will be charged copying fees when you request copies, and you will need to wait several weeks to receive copies.

## ABANDONMENT OF APPLICATION

You must submit all required documents, fees, and information within two years from the date last documents or information were requested or it will be considered abandoned, and the Board may destroy it.

## FEE

Attach the \$50 application fee (non-refundable), made payable to: "COMMERCE AND CONSUMER AFFAIRS." Your application will not be processed without this fee.

**Note:** *One of the numerous legal requirements that you must meet in order for your new permit to be issued is the payment of fees as set forth in this application. You may be sent a certificate before the check you sent us for your required fees clears your bank. If your check is returned to us unpaid, you will have failed to pay the required fee and your permit will not be valid, and you **may not** do business under that permit. Also, a \$15.00 service fee will be charged for checks which are returned by the bank.*

*If for any reason you are denied the permit you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a permit has been denied.*

## PROOF OF EDUCATION REQUIREMENT

Completion of at least three (3) semesters of instruction at an approved school.

Submit one of the following documents that verifies completion of at least three (3) semesters of instruction at an approved school:

- (1) Copy of diploma; or
- (2) Official transcript; or
- (3) Original letter from the dean or registrar of an approved school.

## PERMIT APPROVAL

Upon approval, the permit will allow the applicant to engage in the practice of acupuncture under the immediate supervision of a duly licensed acupuncturist in a school setting or in another setting for a period of four (4) years.

An acupuncture intern permit may be reissued once, for a period not to exceed one year, upon written request to the Board and payment of \$50 application fee (non-refundable).

The permit will be mailed to the applicant showing the effective and expiration dates.

## REPORT CHANGES

Report all changes to the information in your application immediately and in writing to the Board.

## VERIFICATION OF YOUR CLINICAL TRAINING

Have the school report the hours of clinical training on the official school transcript.

## LAWS & RULES

To obtain a copy of the acupuncture laws (Chapter 436E, HRS) and rules (Chapter 72, HAR), send \$1.25 to: *Cashier, Commerce & Consumer Affairs, P. O. Box 541, Honolulu, HI 96809.* Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Law may be purchased separately for 50¢. Price subject to change without notice.

The laws are posted on the internet at [www.capitol.hawaii.gov/](http://www.capitol.hawaii.gov/). Select from the menu "Status and Documents", then search "Hawaii Revised Statutes". The rules are posted on our website at: [www.state.hi.us/dcca/pvl](http://www.state.hi.us/dcca/pvl) at no charge.

## ADDRESS OF BOARD

Mailing address: *Board of Acupuncture  
DCCA, PVL Licensing Branch  
P. O. Box 3469  
Honolulu, HI 96801*

Deliver to office location at:

*or 1010 Richards St., 1<sup>st</sup> Floor  
Honolulu, HI 96813*

## Status of your application:

You may write, or call the Licensing Branch at (808) 586-3000. Out-of-state calls cannot be returned.

Toll free voice access numbers for the neighbor islands:

Kauai - 274-3141 ext. 6-3000  
Maui - 984-2400 ext. 6-3000  
Hawaii - 974-4000 ext. 6-3000  
Lanai - 1-800-468-4644 ext. 6-3000  
Molokai - 1-800-468-4644 ext. 6-3000

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000, to submit your request.

DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
BOARD OF ACUPUNCTURE  
1010 Richards Street, P.O. Box 3469  
Honolulu, Hawaii 96801

**APPLICATION FOR PERMIT – ACUPUNCTURE INTERN**

Type or print legibly in **black ink**.

Legal Name (First, Middle)		(Last)	FOR OFFICIAL USE ONLY	Approved/denied	Date of Approval
Residence Address (Include apt. no., city, state, zip code)				Effective	Expiration
Mailing Address (if different from residence)				Permit No.	Mailed
Other names used:					
Social Security No.		Phone No. (days)			
Name of school under which training will occur			Name of Acupuncturist who will provide immediate supervision	License No.	

Circle answers & explain when needed:

- 1) Are you at least 18 years of age? .....YES NO
- 2) Are you a United States citizen, a United States national, or an alien authorized to work in the United States?.....YES NO
- 3) a) Do you hold or have you ever held an acupuncture license or permit in this or any other jurisdiction?.....YES NO
- If "yes" Jurisdiction \_\_\_\_\_
- License or Permit No. \_\_\_\_\_ Effective Date(s) \_\_\_\_\_
- (b) Was any license or permit ever revoked, suspended or otherwise subject to disciplinary action?.....YES NO
- If "yes" Date \_\_\_\_\_ Place \_\_\_\_\_
- Type of disciplinary action \_\_\_\_\_
- (c) Are you presently being investigated or is any disciplinary action presently pending against you?.....YES NO
- If "yes" Date \_\_\_\_\_ Place \_\_\_\_\_
- Type of disciplinary action \_\_\_\_\_
- 4) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged? .....YES NO
- If "yes" Date \_\_\_\_\_ Place \_\_\_\_\_
- Type of conviction \_\_\_\_\_

Attach copies of court documents and/or records pertaining to conviction, or documents pertaining to disciplinary action if you answered "yes" to questions 3 and 4, above.

Affidavit of Applicant:

I hereby certify that all answers and statements contained in this application are true and correct. I understand that misrepresentation is grounds for refusal or subsequent revocation of permit (Sec. 436E-10 and 436B-19, Hawaii Revised Statutes), and/or grounds for criminal prosecution (Sec. 710-1017, Hawaii Revised Statutes).

Signature of Applicant

Date

**INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT. THIS SHALL RESULT IN A DELAY IN PROCESSING YOUR APPLICATION.**

HAVE YOU REMEMBERED TO:

1. Sign your application; keep a copy for your file.
2. Attach your check made payable to COMMERCE AND CONSUMER AFFAIRS in the amount of \$50 (non-refundable application fee).

**NOTE:** Upon approval, your permit will be mailed to you showing the effective and expiration dates (4 years only). You must report, in writing, any changes to the above information.

Appl ..... 024 ..... \$50  
Service Fee ..... BCF ..... \$15

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**LICENSING BRANCH  
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS**

*To receive confirmation of your Acupuncture permit approval, fill name and complete mailing address in the block below on the "Notice of Permit Approval" form.*

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**NOTICE OF PERMIT APPROVAL**

Professional and Vocational Licensing Division  
Department of Commerce and Consumer Affairs  
State of Hawaii

**This is authorization to practice as an ACUPUNCTURE INTERN (under the immediate supervision of a licensed acupuncturist under the umbrella of the school).**

**THIS AUTHORIZATION IS VALID ONLY WHEN SIGNED BY THE EXECUTIVE OFFICER OF THE BOARD OF ACUPUNCTURE.**

Fill name & complete mailing address in block below:

Permit No. \_\_\_\_\_

Effective Date \_\_\_\_\_

Expiration Date \_\_\_\_\_

\_\_\_\_\_  
Executive Officer, Board of Acupuncture